

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------------|--------|----------|
| FEE DETERMINATION | <i>MC</i> | | 2/11/00 |
| O.I.P.E. CLASSIFIER | <i>W</i> | | 2-13-00 |
| FORMALITY REVIEW | <i>W</i> | 823 | 2/17 |
| RESPONSE FORMALITY REVIEW | <i>Request</i> | 925 | 03-12-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)